DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Prosthetic Providers Memorandum No: 05-07 MAA

Orthotic Providers Issued: February 22, 2005

Managed Care Plans

For information call:

From: Douglas Porter, Assistant Secretary 1-800-562-6188

Medical Assistance Administration (MAA)

Subject: Prosthetic and Orthotic Devices (P&O): Fee Schedule Corrections

Retroactive to dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) is correcting the licensure and prior authorization requirements for certain procedure codes. MAA is also adding a procedure code that was inadvertently deleted from the fee schedule when MAA published Numbered Memorandum 04-102 MAA. The published rates remain the same.

Corrections to Prior Authorization and Licensure Requirements

MAA incorrectly listed the prior authorization and licensure requirement for a number of procedure codes in the Prosthetic and Orthotic Devices (P&O) fee schedule, published in Numbered Memo 04-102 MAA. The tables below outline the corrections to the fee schedule.

Adding the Prior Authorization Requirement

Prior authorization is required for the following code:

Procedure Code	
L3911	

Removing the Licensure Requirement

Licensure is **not** required for the following codes:

Procedure	Procedure	Procedure
Code	Code	Code
L3800	L3830	L3860
L3805	L3835	L3906
L3810	L3840	L3907
L3815	L3845	L3917
L3820	L3850	
L3825	L3855	

Reinstating Code L0486

Prior to December 30, 2004, procedure code L0486 was listed in MAA's *Prosthetic and Orthotic Devices* (*P&O*) *Billing Instructions* as a covered code. When MAA published Numbered Memorandum 04-102 MAA on December 30, 2004, procedure code L0486 was inadvertently deleted from the fee schedule. MAA has now added this code back to the fee schedule. Providers have been able to bill this code since January 1, 2003.

Procedure Code	P.A.	Licensure	Description	Jan 1, 2005 Medicaid Max Allow.
L0486	Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,419.28

Correcting Code L0430

MAA inadvertently left off the maximum allowable fee for procedure code L0430 in the fee schedule published with Numbered Memorandum 04-102 MAA. Retroactive to dates of service on and after January 1, 2005, MAA has added the fee for procedure code L0430 in the MMIS system and has added it to the fee schedule.

Procedure				Jan 1, 2005 Medicaid
Code	P.A.	Licensure	Description	Max Allow.
L0430	Y	Y**	Spinal orthosis, anterior-posterior-lateral	\$1,008.64
			control, with interface material, custom	
			fitted (dewall posture protector only).	

Billing Instructions Replacement Pages

Attached are replacement pages G.1-G.57 for MAA's current *Prosthetic and Orthotic (P&O) Devices Billing Instructions*.

Bill MAA your usual and customary charges.

Contact Information

Send rate setting issues, questions, or comments to:

DME Rates Manager Professional Reimbursement Section Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 (360) 725-1845 Fax # (360) 753-9152 http://maa.dshs.wa.gov/prorates/index.html

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.